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The Context of Available Options Affects Health Care Decisions: A Generalization Study

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Background. When a given option is presented along with 2 alternatives, similar to each other, health care professionals choose it more often than when it is presented with just one of the alternatives. This inconsistent decision pattern may depend on the conflict generated from choosing between 2 highly similar options. **Objective.** To generalize the effect by using realistic scenarios that involve 2 alternatives displaying various degrees of similarity. **Methods.** One hundred fifty-five psychiatrists, 149 gynecologists, and 89 nurse managers had to indicate the treatment they would recommend in clinical scenarios containing either 3 options or just 2 of them. The similarity between the 2 alternatives varied across scenarios, ranging from a very high (psychiatric scenario) to an only moderately high (nursing management scenario) to a limited level (gynecological

scenario). **Results.** Professionals chose the focal option more often when both alternatives were available. The paradoxical effect occurred for all scenarios—namely, when the alternatives were medication variants (psychiatric scenario), when most of the features they shared produced their effect at a different extent in the 2 cases (nursing management scenario), and some of their consequences were at variance (gynecological problem). **Conclusions.** The context of available options affects professionals' choices when the alternatives are similar but also when they present diverging features. Professionals need to be aware of such a source of practice variability and are encouraged to consider each option per se before they compare the available options. **Keywords:** clinical decision making; context effect; similarity (*Med Decis Making* 2012;32:815–819)

The regularity principle of rational decision making states that if an agent prefers A among

options A, B, and C (e.g., a patient prefers to consult doctor A among 3 physicians working in town) and is informed that option C is not available anymore (e.g., doctor C left the town), he or she should continue to prefer A (e.g., doctor A). In other words, the patient's preferences should be independent from the absence or presence of an option that he or she would not pursue. Despite the soundness of this principle, individuals, including health care professionals, sometimes violate it.^{1–9} In particular, Redelmeier and Shafir⁷ asked a group of physicians to consider a patient who was treated with anti-inflammatory medications without success. In one

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